

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)						SERIAL NO. 091415645 APPLICANT(S)		FILING DATE			
						CLAIMS					
AS FILED		AFTER A 1st AMENDMENT		AFTER B 2nd AMENDMENT				A		B	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		(61)		1		1	
2			1		1	62			1		1
3			1		1	63			1		1
4			1		1	64			1		1
5			1		1	65			1		1
6			1		1	66			1		1
7			1		1	67		2		2	
8			1		1	(68)		1		1	
9			2		2	69			1		1
10			2		2	70			1		1
11			1		1	71					
12			1		1	(72)				1	
13			1		1	73					1
(14)		1		1		74					1
15			1		1	(75)				1	
16			1		1	76					1
17			1		1	(77)				1	
18			1		1	78					1
19			1		1	79					1
20			1		1	80					
21			2		2	81					
22			2		2	82					
23			2		2	83					
24			2		2	84					
25			2		2	85					
26			1		1	86					
27			1		1	87					
(28)		1		1		88					
29			1		1	89					
30			1		1	90					
31			1		1	91					
32			1		1	92					
33			1		1	93					
34			1		1	94					
35			2		2	95					
36			2		2	96					
37			1		1	97					
38			1		1	98					
39			2		2	99					
40			2		2	100					
41			1		1						
(42)		1		1							
43			1		1						
44			1		1						
45			1		1						
46			1		1						
47			1		1						
48			1		1						
49			1		1						
50			2		2						
TOTAL IND.						TOTAL IND.		8		12	
TOTAL DEP.						TOTAL DEP.		23		28	
TOTAL CLAIMS						TOTAL CLAIMS		80		90	

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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